MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION

FIRE REPORT

FOR SLTC USE ONLY	
DATE REGION SENT TO CENTRAL OFFICE	FACILITY ID NUMBER

FACILITY NAME	REGION
FACILITY ADDRESS	COUNTY

OWNER	ADMINISTRATOR

DATE OF FIRE	TIME FIRE WAS DISCOVERED AND TIME ALARM WAS ACTIVATED	WHO DISCOVERED THE FIRE?

TIME FIRE DEPARTMENT ARRIVED	LOCATION IN THE FACILITY AND CAUSE OF FIRE
AMOUNT OF DAMAGE CAUSED BY FIRE	CENSUS AT TIME OF FIRE (NUMBER)
WAS FIRE ALARM ACTIVATED? ☐ YES ☐ NO	DATE/TIME FIRE ALARM WAS PUT BACK IN SERVICE IF ACTIVATED
WAS SPRINKLER SYSTEM ACTIVATED? ☐ YES ☐ NO	DATE/TIME SPRINKLER SYSTEM WAS PUT BACK IN SERVICE IF ACTIVATED
NUMBER OF STAFF ON DUTY	IF EVACUATION WAS REQUIRED, NUMBER OF RESIDENTS REQUIRING ASSISTANCE

NUMBER OF INJURIES OR DEATHS TO RESIDENTS OR EMPLOYEES AS RESULT OF FIRE	NUMBER RESULTING FROM SMOKE INHALATION	NUMBER RESULTING FROM BURNS

IS ARSON SUSPECTED? IF NO, NAME AND CONTACT INFORMATION OF INVESTIGATING FIRE/POLICE OFFICIAL
☐ YES ☐ NO

CIRCUMSTANCES THAT MAY HAVE PREVENTED THE FIRE, IF ANY.

REMARKS (ATTACH A BRIEF NARRATIVE OF THE EVENTS - IF THE FIRE CAN BE ATTRIBUTED TO A PARTICULAR PERSON(S), INCLUDE THEIR NAME AND IDENTIFYING DATA.)

FACILITY ADMINISTRATOR/MANAGER SIGNATURE	TITLE	DATE

PLEASE PRINT NAME OF PERSON SIGNING ABOVE

RETURN TO: **MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION
REGION

ADDRESS

CITY, STATE, ZIP CODE

FIRE DEPARTMENT REPORT ATTACHED? ☐ YES ☐ NO	IF NO, PLEASE EXPLAIN